

Missouri Secretary of State
MISSOURI HISTORICAL RECORDS GRANT PROGRAM
FY 2005 Grant Cycle

*James C. Kirkpatrick State Information Center
PO Box 1747, Jefferson City, MO 65102-1747*

Review each section of the application before completing it. Please submit the original and one copy. Do not staple the original. Copy may be stapled

Project Title:

Applicant Institution:

Address:

City:

State:

Zip Code:

County:

Telephone:

Fax:

E-Mail:

Web address:

State Senate District:

State Representative District:

Type of Institution (*please circle all that apply*):

Archives

Historic Site

Historical Society

Library

Museum

Other (*specify*)

Federal Employer Identification Number (FEIN):

(This number is necessary to set up a grant payment account)

Is your organization subject to backup withholding ☐ YES ☐ NO

Is your organization subject to 1099 reporting ☐ YES ☐ NO

Would you like your funds electronically deposited? ☐ YES ☐ NO

*(If you want to initiate electronic transactions, check yes;
the appropriate form will be forwarded to you to complete
and return if your proposal is funded.)*

Application Prepared by:

(The individual responsible for gathering information and completing application forms. The grant administrator will contact this person if additional information about the proposed project is needed.)

Address:

Telephone:

Fax:

E-mail:

Primary Project Contact:

(The individual responsible for monitoring and implementing the project and completing required reports.)

Address:

Telephone:

Fax:

E-mail:

Authorizing Official:

(The individual with authority to enter into binding contracts and encumber funds.)

Address:

Telephone:

Fax:

E-mail:

How many people working with records are employed at your institution?

Professionals _____ Staff _____ Students _____

How many volunteers work with the records?

Has anyone in the institution received training in preservation or collections care?

Yes _____ No _____

If yes, please elaborate:

Has a formal survey on the condition of the collections been conducted?

Yes _____ No _____

If possible, please attach a summary of the survey findings.

Does your institution have Internet access?

Yes _____ No _____

What are your hours of operation?

What is your annual number of users?

Budget Summary

Line Item	Grant Funds Requested	Cash Match from your Organization	In-Kind Value Received from 3 rd Parties	TOTAL
<i>Personnel</i>	_____	_____	_____	_____
<i>Supplies</i>	_____	_____	_____	_____
<i>Travel</i>	_____	_____	_____	_____
<i>Vendor</i>	_____	_____	_____	_____
Consultant	_____	_____	_____	_____
<i>Other: Specify</i>				
_____	_____	_____	_____	_____
Subtotals	_____	_____	_____	_____

	Grant Funds	Cash Match	
	_____	_____	_____
	_____	_____	_____
Subtotals	_____	_____	_____

Budget

Amount of grant request: _____ Percentage of Budget: _____

Amount of match value: _____ Percentage of Budget: _____

Total Budget for Project: _____ Total: 100%

Certification of Authority to Secure and Encumber Project Funds

Name of Organization

Printed Name/Title of Authorizing Official

Signature of Authorizing Official

Date

Missouri Secretary of State
Missouri Historical Records Grant Program
FY 2005 Grant Cycle
CHECK PAYEE FORM

This form identifies the agency/institution/organization to which grant checks will be made payable to and the individual designated to receive mailed checks if electronic direct deposit is not requested.

Check Payee Information:

List the name and address of the check payee – DO NOT INCLUDE AN INDIVIDUAL'S NAME , only **the name and address of the organization to which the check must be made payable.** The check and/or other payment information will be sent to **this** address.

ORGANIZATION: _____

ADDRESS: _____
Address, city, zip

Project Narrative

After completing the application forms, please attach a narrative description of your project. (We urge you to provide no more than 10 double-spaced pages, and many applications might be shorter.) The narrative must be typed and in 12-point font.

The narrative is the heart of the application. Applicants should assume that the reader knows nothing about the organization, and must become informed through this application. When the reviewer has finished reading the narrative he/she should have a complete picture of your organization; why your organization is applying for a grant; how the grant will be used; how the grant will help the organization fulfill its mission; and how the project fulfills the goals of the Missouri Historical Records Grant Program.

A good way to find out how well the project has been described would be to have someone not involved with the project read a draft of this section.

Please bear in mind the evaluation criteria against which the application will be measured when crafting the narrative:

- A. Historical value of the records;
- B. Commitment to professional practices;
- C. Ability to maintain achievements;
- D. Demonstrated need for outside funding.

Proposals should respond to the following directives: **(The information you provide will be the basis for evaluating your project when it is complete.)**

- A. Describe the project: Present a clear statement of the project's purpose and goals.
- B. Describe the significance of the project: How does this project fit into the ongoing goals and plans of your organization? How does this project relate to grant program goals?
- C. Describe records to be treated by the project: What is their content, condition, and significance? Give examples of types of records, the date span, volume in linear feet, cubic feet or boxes, and location. How do the records serve the mission of the institution? How do the records document the community, county, or region?
- D. Plan of work and timeline of activities:
 - 1. What has already been done?
 - 2. What needs to be done?
 - 3. How will it be done, including techniques and procedures?
 - 4. Who will do it?
 - 5. Where will it be done?
 - 6. When will it be finished?
- E. Project personnel: Describe the role of each collaborator/person, and please include resume of the project director. If your organization intends to hire a consultant, describe the credentials as well as knowledge and skills specifically required for this project.

If your organization already has a consultant in mind, please include the consultant's résumé.

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- F. Increased access: How does this project promote public access to historical records? How will the results of this project be made public?
- G. Are there any collaborative components of the project? If so, what other organizations will be involved and how will the work be delegated?
- H. What are the project's specific end results or products? How will this project be evaluated?
- I. How will the outcome of this project be sustained?

SUPPORT MATERIAL

- Certification of authority to secure and encumber project funds - **Required**
- *Records to be Microfilmed* form/s - **Attach as appropriate**
- Résumés of project personnel, consultant, volunteers, etc. - **Required**
- Identification of services, supplies, etc. - **Attach as appropriate**
- Appropriate additions or other relevant information/materials - **Attach as appropriate**
- **ACH/EFT form – Optional** (Form included with application)
- **Check Payee form – Required**
- **Vendor Input form – Required in order to receive payments** (Form included with application)

Incomplete applications will not be considered.

**Missouri Historical Records Grant Program
FY 2005 Grant Application**

Records to be Microfilmed

This form must accompany grant application for microfilming. Provide one form for each records series.

Institutional Origin: _____

Records Series Title: _____

Inclusive Dates: _____

Arrangement: _____

Information Content: _____

Format

- ☐ Bound volumes
- ☐ Loose leaf files
- ☐ Continuous computer paper
- ☐ Aperture cards

Quantity

- ☐ Number of volumes:
- ☐ Estimate number of pages per volume:
- ☐ Estimate number of loose leaf pages:
- ☐ Estimate number of aperture cards: Images per card: _____

Size(s)

- ☐ 5 x 7
- ☐ 8½ x 11
- ☐ 8½ x 14
- ☐ 11 x 17
- ☐ Other: _____

Pages per 35mm frame:

- ☐ 1
- ☐ 2
- ☐ Other: _____

Additional Information: _____



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
VENDOR INPUT

PRINT OR TYPE

SECTION A: VENDOR INFORMATION (COMPLETED BY VENDOR)

NAME				
MAILING ADDRESS (ROOM, APT., SUITE NO., AND STREET ADDRESS, OR PO BOX)		CITY	STATE	ZIP CODE
STREET ADDRESS (DO NOT ENTER A PO BOX)		CITY	STATE	ZIP CODE
VENDOR CONTACT NAME		VENDOR CONTACT TITLE		
TELEPHONE NUMBER WITH AREA CODE	TAXPAYER ID TYPE 1 = FEIN 2 = SSN <input type="checkbox"/>		TAXPAYER ID NUMBER (TIN)	
CORPORATION Y = YES; N = NO <input type="checkbox"/>	PARTNERSHIP Y = YES; N = NO <input type="checkbox"/>	SOLE PROPRIETOR Y = YES; N = NO <input type="checkbox"/>	OTHER	
LEGAL NAME OF ENTITY OR INDIVIDUAL			EXEMPT FROM BACKUP WITHHOLDING <input type="checkbox"/>	
1099 ADDRESS		CITY	STATE	ZIP CODE
COMMENTS				

CERTIFICATION FOR STATE OF MISSOURI

I certify that the above information is accurate and complete in accordance with the Vendor Input Form Instructions.

SIGNATURE		E-MAIL ADDRESS	
NAME (PRINT OR TYPE)		TITLE	DATE

CERTIFICATION FOR INTERNAL REVENUE SERVICE (IRS)

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding
3. I am a U.S. person (including a U.S. resident alien)

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For all real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See Vendor Input Form Instructions.)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE		E-MAIL ADDRESS	
NAME (PRINT OR TYPE)		TITLE	DATE

SECTION B: STATE OF MISSOURI AGENCY USE ONLY (COMPLETED BY SUBMITTING STATE AGENCY)

ACTION A = ADD; C = CHANGE; D = DELETE <input type="checkbox"/>		VENDOR CODE/NUMBER	VENDOR TYPE
ADDITIONAL INFORMATION			
SUBMITT NO AGENCY NAME		AGENCY NUMBER	
AGENCY ADDRESS			
SIGNATURE		E-MAIL ADDRESS	
NAME (PRINT OR TYPE)		EMPLOYEE'S TELEPHONE NUMBER	DATE

VENDOR INPUT FORM INSTRUCTIONS

SECTION A: TO BE COMPLETED BY VENDOR

Name	Enter the name of the entity or individual name: <i>Corporation</i> – Enter your Doing Business As (DBA) name <i>Individual</i> – Enter your name (Last Name, First Name, and Middle Initial) <i>Partnership</i> – Enter the name of the business as filed with the IRS <i>Sole Proprietor</i> – Enter the business name <i>Other</i> – Enter your entity's name
Mailing Address	Enter room, apartment number, suite number and street address or P.O. Box.
City, State, Zip Code	Enter your city, state, and zip code mailing address.
Street Address	Enter address if different from mailing address. Do not enter a P.O. Box.
City, State, Zip Code	Enter your city, state, and zip code street address.
Vendor Contact Name	Enter the title of the individual authorized to answer questions about the completion of this form.
Vendor Contact Title	Enter the title of the individual listed in the Vendor Contact Name field if application is for a business entity. Individuals – Leave field blank.
Telephone Number	Enter the telephone number, including area code, of the individual listed in the Vendor Contact Name field.
Taxpayer ID Type	Enter 1 if your taxpayer id is a Federal Employer Identification Number (FEIN). Enter 2 if your taxpayer id is a Social Security Number (SSN).
Taxpayer ID Number	Enter the nine digit FEIN or SSN associated with the Legal Name of the Entity or Individual.
Corporation	Enter Y if the business is Incorporated or N if the business is not Incorporated.
Partnership	Enter Y if the business is a Partnership or N if the business is not a Partnership.
Sole Proprietor	Enter Y if you are a Sole Proprietor or N if you are not a Sole Proprietor.
Other	Enter the type of business if not described previously. Examples: Government, church, church-controlled org., other nonprofit organization (specify type).
Legal Name of Entity or Individual	Enter the Legal Name of Entity (or Individual) as filed with the IRS for the Taxpayer ID Number above: <i>Corporation</i> – Enter the corporate name as it appears on the corporate charter <i>Individual</i> – Enter Last Name, First Name, and Middle Initial <i>Partnership</i> – Enter the name of the business as filed with the IRS <i>Sole Proprietor</i> – Enter the owner's name (Last Name, First Name, and Middle Initial) <i>Other</i> – Enter the legal name of entity as filed with the IRS
Exempt from Backup Withholding	Check if exempt from backup withholding (See General Instructions).
1099 Address	Enter address that the State of Missouri needs to use to distribute a 1099 if a 1099 is issued to you. Complete this field if it is different from the address entered in the Mailing Address field.
City, State, Zip Code	Enter your 1099 mailing address, city, state, and zip code. Complete these fields if they are different from the city, state, zip code in the mailing address.
Comments	If you are an exempt organization please state "Exempt" in the comments field and attach a copy of the letter received from the IRS that your entity is exempt. This space is also provided for any additional information that you would like to include on this form.
Signature	State of Missouri Certification Signature: signature of individual listed in the Name field or entity's authorized representative. This field must be completed.
E-Mail Address	Enter the e-mail address for the Vendor Contact Name.
Name	Print or type the name of the individual that signed in the Signature field. This field must be completed.
Title	Title of person who signed in the Signature field. This field must be completed.
Date	Enter date this form is signed. This field must be completed.
Signature	IRS Certification Signature: signature of individual listed in the Name field or entity's authorized representative.
E-Mail Address	Enter the e-mail address for the Vendor Contact Name.
Name	Print or type the name of the individual that signed in the Signature field.
Title	Title of person who signed in the signature field.
Date	Enter the date this form is signed.
If the applicable fields on this form are not completed the form will not be processed by the Office of Administration, Division of Accounting.	

VENDOR INPUT FORM INSTRUCTIONS**SECTION B: STATE OF MISSOURI AGENCY USE ONLY**

Action Enter **A** if vendor name and address is not in the current vendor file and your agency has been preapproved by OA/Accounting to submit adds via fax.
(A=Add C=Change D=Delete) Enter **C** if changing an existing vendor number
Enter **D** if deleting an existing vendor.

Vendor Code/Number Action Field is **A** – Enter the TIN (FEIN or SSN) number or the first 9 digits of the alternate number if an alternative vendor number was pre-approved by OA, Accounting.
Action Field is **C** – Enter the 11-digit vendor number.
Action Field is **D** – Enter the 11-digit vendor number.

Vendor Type Enter the vendor type. Valid vendor types are:
VG – Vendor/General Mailing Address
VP – Vendor/Payment Address
GG – Governmental Entity/General Mailing Address (This type includes Missouri State Agencies)
GI – Governmental Internal State Agency
GP – Governmental Entity/Payment Address (This type includes Missouri State Agencies)
SE – State Employee
MS – Miscellaneous Vendor Code
DV – Vendor Code to be deleted

Additional Information This space is provided for your use if you have any additional information that you would like to include on this form.

Submitting Agency Name Enter your agency's name.

Agency Number Enter your agency's 3-digit agency code.

Agency Address Enter your agency's interagency mailing address. If your agency does not have an interagency mailing address, then supply your mailing address.

Signature Signature of individual in agency submitting form.

E-Mail Address Enter the e-mail address for the individual that is submitting this form.

Name Print or type the name of the individual that signed in the Signature field.

Employee's Telephone Number Enter the telephone number of the employee who signed in the Signature field.

Date Enter date this form is signed.

State Agency personnel must complete Section B. If this section is not completed the form will not be processed by the Office of Administration/Division of Accounting.

ADDITIONAL INSTRUCTIONS FOR SECTION B

For each change or delete vendor request, the vendor must complete Section A of this form and the state agency doing business with this vendor must complete Section B prior to any update being made in the SAM II Financial system vendor file.

All forms must be faxed to (573) 526-9813.

Forms will not be accepted through any other mechanism (handcarried, mail, etc.) unless the state agency receives prior approval from OA/Accounting.

Forms will not be accepted directly from vendors unless prior approval is received from OA/Accounting.

Vendor adds are required to be submitted online to OA/Accounting through SAM II Financial. Prior to submitting any adds through fax agencies must obtain written authorization from OA/Accounting.

All forms received that are not completed in their entirety will be returned to the submitting state agency.

VENDOR INPUT FORM INSTRUCTIONS

GENERAL INSTRUCTIONS

General Instructions are provided to clarify definitions and to provide additional information regarding the following:

Foreign Vendors	If you are a foreign person, complete and submit the appropriate Form W-8 (see Publication 515 on the irs.gov website, Withholding of Tax on Nonresident Aliens and Foreign Entities). The appropriate Form W-8 is to be sent to the state agency instead of the Vendor Input Form.
Nonresident alien who becomes a resident alien	Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the save clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes. Please refer to the W-9 Form Specific Instructions and Purpose of Form on the irs.gov website for more information.
Penalties	Failure to furnish TIN – If y ou fail to furnish your correct TIN to a requestor, you are subject to a penalty of \$50 by the IRS for each such failure unless your failure is due to reasonable clause and not willful neglect. Please refer to the W-9 Form Specific Instructions and Purpose of Form on the irs.gov website for more information and additional penalties.
Exempt from Backup Withholding	<p>If you are exempt, enter your name as described above, check the appropriate box for your status, and check the "Exempt from Backup Withholding" box. Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.</p> <p>NOTE: If you are exempt from backup withholding, you must still complete this form to avoid possible erroneous backup withholding. Please refer to the W-9 Form Specific Instructions and Purpose of Form on the irs.gov website for more information.</p>
Certification	To establish the withholding agent that you are a U.S. person or resident alien. Please refer to the W-9 Form Specific Instructions and Purpose of Form on the irs.gov website for more information.

What Name and Number to Provide:

For this type of Account: Give name and EIN of:

- | | |
|--|--|
| 1. Individual | 1. The individual |
| 2. Two or more individuals (joint account) | 2. The actual owner of the account or, if combined funds, the first individual account |
| 3. Sole proprietorship or single owner LLC | 3. The owner ¹ |
| 4. Corporate or LLC electing corporate status on IRS Form 8832 | 4. The corporation |
| 5. Association, club, religious, charitable, educational, or other tax-exempt organization | 5. The organization |
| 6. Partnership or multi-member LLC | 6. The partnership |

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has a SSN, that person's number must be furnished

² You must show your individual name, but you may also enter your business or doing business as name. You may use either the SSN or EIN

Please refer to the W-9 Form Specific Instructions and Purpose of Form on the irs.gov website for more information.



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
VENDOR ACH/EFT APPLICATION

SECTION A: TO BE COMPLETED BY SUBMITTING VENDOR (INCLUDING STATE EMPLOYEE) INSTRUCTIONS ON REVERSE SIDE

DESCRIPTION <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL			
TAXPAYER ID TYPE (CHECK ONE) <input type="checkbox"/> 1 = FED BUS ID <input type="checkbox"/> 2 = SSN		TAXPAYER ID NUMBER	
VENDOR NAME (30 CHARACTERS MAXIMUM)		VENDOR NUMBER (11 DIGITS)	
LEGAL NAME OF ENTITY OR INDIVIDUAL (30 CHARACTERS MAXIMUM)			
ADDRESS		TELEPHONE NUMBER WITH AREA CODE	
CITY	STATE	ZIP CODE	

SECTION B: TO BE COMPLETED BY STATE EMPLOYEE ONLY (OTHER VENDOR SKIP THIS SECTION)

HOME ADDRESS		HOME PHONE NUMBER	
CITY	STATE	ZIP CODE	

SECTION C: TO BE COMPLETED BY SUBMITTING VENDOR (INCLUDING STATE EMPLOYEE)

FINANCIAL INSTITUTION NAME		IF CHANGE PLEASE INDICATE PREVIOUS FINANCIAL INSTITUTION NAME	
FINANCIAL INSTITUTION ADDRESS		FINANCIAL INSTITUTION TELEPHONE NUMBER	
CITY	STATE	ZIP CODE	
DEPOSITOR ROUTING NUMBER		IF CHANGE PLEASE INDICATE PREVIOUS ROUTING NUMBER	
DEPOSITOR ACCOUNT NUMBER		IF CHANGE PLEASE INDICATE PREVIOUS ACCOUNT NUMBER	
DEPOSITOR ACCOUNT TYPE (CHECK ONE) <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING			

SECTION D: FINANCIAL INSTITUTION CERTIFICATION

I certify that the above Depositor Routing Number and Depositor Account Number to be true and accurate for the Vendor.

FINANCIAL INSTITUTION NAME	AUTHORIZED SIGNATURE	DATE
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SECTION E: VENDOR AUTHORIZATION

- ☐ I (we) hereby authorize the State of Missouri, to initiate credit entries to my (our) account indicated above at the depository financial institution named above, and to credit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.
- This authorization is to remain in full force and effect until the State of Missouri, Office of Administration has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the State of Missouri and the financial institution a reasonable opportunity to act on it.
- ☐ I (we) hereby cancel my/our ACH/EFT authorization.

AUTHORIZED VENDOR REPRESENTATIVE OR STATE EMPLOYEE SIGNATURE	DATE
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SECTION F: STATE AGENCY USE ONLY

I have reviewed the Vendor information for completeness and accuracy

AUTHORIZED AGENCY SIGNATURE	DATE	TELEPHONE NUMBER
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SECTION G: OFFICE OF ADMINISTRATION USE ONLY

I have reviewed and entered the above information

SIGNATURE	DATE	VERIFICATION SIGNATURE	DATE
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VENDOR ACH/EFT APPLICATION INSTRUCTIONS

Fill in the appropriate boxes as described below

SECTION A: TO BE COMPLETED BY SUBMITTING VENDOR (INCLUDING STATE EMPLOYEE)

DESCRIPTION

Check the appropriate box for this submission

TAXPAYER ID TYPE

Check 1 if your taxpayer ID is a Federal Employers Identification number (FEIN) or 2 if your taxpayer ID is a Social Security Number (SSN)

TAXPAYER ID NUMBER

Enter the FEIN or SSN associated with the legal name of the entity or individual

VENDOR NUMBER (11 DIGITS)

If known, enter the vendor number assigned to your business or individual by the State of Missouri

VENDOR NAME

Enter the name of the entity or individual: **Individual** - Enter your name (Last Name, First Name and Middle Initial)

Sole Proprietor - Enter name of Business **Corporation** - Enter your Doing Business As (DBA) name **Other** - Enter your entity's name

LEGAL ENTITY NAME

Enter Legal Name of Entity or Individual as filed with IRS: **Individual** - Enter your name (Last Name, First Name and Middle Initial)

Sole Proprietor - Enter owner's name (Last Name, First Name and Middle Initial) **Corporation** - Enter your name as it appears on the charter or other legal document creating it and as filed with the IRS **Other** - Enter your entity's name as filed with the IRS

ADDRESS

Enter your mailing address

TELEPHONE NUMBER

Enter your telephone number with area code

CITY, STATE, ZIP CODE

Enter your city, state and zip code for the street address

SECTION B: TO BE COMPLETED BY STATE EMPLOYEE ONLY

HOME ADDRESS

Enter your home address

HOME PHONE NUMBER

Enter your home phone number

CITY, STATE, ZIP CODE

Enter your city, state and zip code for the address

SECTION C: TO BE COMPLETED BY SUBMITTING VENDOR

FINANCIAL INSTITUTION NAME, ADDRESS, CITY, STATE, ZIP CODE, PHONE NUMBER

Enter in this information provided to you by your bank

NOTE: If this is a request for a "CHANGE" please provide your previous financial institution name in the space provided

DEPOSITOR ROUTING NUMBER

Enter your financial institution's routing number

NOTE: If this is a request for a "CHANGE" please provide your previous routing number in the space provided

DEPOSITOR ACCOUNT NUMBER

Enter your account number

NOTE: If this is a request for a "CHANGE" please provide your previous account number in the space provided

DEPOSITOR ACCOUNT TYPE

Please select type of account (savings or checking)

SECTION D: FINANCIAL INSTITUTION CERTIFICATION

FINANCIAL INSTITUTION CERTIFICATION

Application must be signed by a representative of your bank after bank verification

NOTE: If this section of the application is not completed the application will be returned and not processed

SECTION E: VENDOR AUTHORIZATION

VENDOR AUTHORIZATION

Must be signed by an authorized representative or state employee before application can be processed by the Office of Administration, Division of Accounting

MAILING INSTRUCTIONS

Fax completed application to the Office of Administration at 573-526-9813. If you do not have access to a fax machine, mail the completed application to the Office of Administration, Division of Accounting, Truman State Office Building, PO Box 809, Jefferson City, MO 65102. The application may also be mailed to Agency you are doing business with at this time for processing

GENERAL INSTRUCTIONS

If the applicable sections of this application are not complete, the application will not be processed by the Office of Administration, Division of Accounting

ACH transactions will be effective approximately one month after the application is approved by the Office of Administration, Division of Accounting

Changing Financial Institution or Depositor Account (within the same Financial Institution)-All deposits will continue to be deposited into your present account until the Office of Administration, Division of Accounting has been notified that you have changed your banking information. At which time you will need to submit a new Vendor ACH/EFT Application making sure to check the appropriate "CHANGE" box at the top of the form, and completing the applicable fields on this form

NOTE: Failure to obtain the Financial Institution Certification may result in delayed payments to vendor. Do not close an old account until the first transaction has been deposited into your new account.